Exhibit A9

N/DCC 0917731729973 SSN: PROCESS DATE: 06 26 09	PAYER ID: 87726	RTE I	6 VENDO	R ID EN H:	KEYER: 111	l111999 DT: 0	6 26 09	ATE 06/26.
PROVIDER NAME: AMBULATORY HE PROVIDER ADDRESS: 8409 PICKW PROVIDER CITY: DALLAS FAX NUM:	ALTH SYSTEMS PROV	IDER TEL:	! !			MC OFFICE NO		
		NPI: 1194966			TH PLAN II		 	
PATIENTS NAME:				MEDI	CARE PROVI	DER NO:	ļ	
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TEDICAL REC NO: 924		PAT EMPL S	r dob:	PAT	MARITAL ST		[
1 PAYER NAME: UNITED HEALTHCAN	E (METRAHEINSURED INSURED	NAME:			PRIOR P	AY AMT;	0.00	
GROUP NAME:	INSURED POLICY	NO: 702227					i	
2PAYER NAME:	INSURED					AY AMT:	0.00 1	
SSN: GROUP NAME:	INSURED POLICY		1 2	PAT REL: ASSIGN BEN				
CLAIM FILING INDICATOR:	ICN/	DCN NUMBER:	· 		-			
3PAYER NAME:	INSURED	 NAME;			PRIOR P	AY AMT:	0. 0 0	
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GROUP NAME: CLAIM FILING INDICATOR:	ICN/1	DCN NUMBER:					i	
TYPE BILL: SPEC FACIL/AMB SUR	G C/ADM-DSCH CL C	D: 831 MOST COMM	SEMIPUT RA	TE:	PROC	CD METHOD:		
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TT PHYS NO: 1821090515 TH PHYS NO: REMARK	NAME:	DARYL N	NPI: NPI: 1821090	QUALI 0515 QUALI	FIER: FIER:			
D NO: REMARK AY-TO PROVIDER NPI:	S:	ILITY NPI: 181196						

LN/DCC 0919500519973 SSN: PROCESS DATE: 07 14 09 PAYE PROVIDER NAME: AMBULATORY HEALTH S' PROVIDER ADDRESS: 8409 PICKWICK LN PROVIDER CITY: DALLAS ST: FAX NUM: COUNT!	
PATIENTS NAME:	Y CD: NPI: 1194986604
PATIENT CWTRL NO: [] MEDICAL REC NO: 941	PATIENT SEX: F PATIENT DOB: PAT MARITAL STAT:
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3PAYER NAME: SSN: GROUP NAME: CLAIM FILING INDICATOR:	INSURED NAME: PRIOR PAY AMT: 0.00 INSURED SEX: PAT REL: POLICY NO: ASSIGN BEN: ICN/DCN NUMBER:
TYPE BILL: SPEC FACIL/AMB SURG C/AD	M-DSCH CL CD: 831 MOST COMM SEMIPUT RATE: PROC CD METHOD:
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RIN PROC CODE: DATE: TT PHYS NO: NAME: TH PHYS NO: 1497738033 NAME:	
D NO: REMARKS:	SERVICE FACILITY NPI: 1588868343

N/DCC 0825901341973 SSN: PROCESS DATE: 09 15 08	LTH SYSTEMS PROV	KTE I	ND: ATTCH:	o en hose Keyer:	111111999 DT:	09 15 08
PROVIDER ADDRESS: 8409 PICKWIC	CK LN. STE 238 P	ROVIDER SUB ID:	604	(HEALTH PLA	IEMC OFFICE N	o: 00001
PATIENTS NAME:				MEDICARE F MEDICAID F BLUE CROSS	ROVIDER NO: ROVIDER NO:	
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PATIENT CNTRL NO:	PATIENT	SEX: F PATIENT PAT EMPL	T DOB:	PAT MARITA	L STAT:	
1PAYER NAME: UNITED HEALTHCARE SSN: GROUP NAME:	INSURED POLICY N	MAME: SEX: F IO: 710712	PAT ASSI	PRI REL: SELF GN BEN: Y	OR PAY AMT: CPT:	1
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